

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AA		10-1-9
O.I.P.E. CLASSIFIER		18	10/25
FORMALITY REVIEW	SM MTB	50864 984	11/8/01 12/31/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	5/11/01
2	5/11/01
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

Best Available Copy